

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 6

2. STATE:

Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 602,991

b. FFY 02 \$ 629,711

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement 1 to Attachment 2.6 - A
Pages 1 and 4Supplement 1 to attachment 2.6 - A
Pages 1 and 4

10. SUBJECT OF AMENDMENT:

Federal Poverty Level Standards

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

DENNIS BRADDOCK

14. TITLE:

SECRETARY

15. DATE SUBMITTED:

3/02/01

16. RETURN TO:

Department of Social and Health Service
Medical Assistance Administration
623 8th Ave SE MS: 45500
Olympia WA 98504-5500**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

MAR 23 2001

18. DATE APPROVED:

MAR 27 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR 1 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

151

21. TYPED NAME:

Teresa h. TRIMBLE

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

POSTMARKED: 3/22 :
(DATE)Olympia
(CITY/STATE)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTON

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC(TANF)-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Maximum Payment</u>	
	<u>Need Standard</u>	<u>Payment Standard</u>
1	\$ 797	\$ 349
2	1,008	440
3	1,247	546
4	1,467	642
5	1,690	740
6	1,918	841
7	2,215	971
8	2,452	1,075
9	2,693	*1,180

Maximum amount * \$1,075

2. Pregnant Women and Infants under Section 1902 (a)(10)(i)(IV) of the Act:

Effective April 1, 2001, based on the following percent of the official Federal income poverty level--

 133 percent x 185 percent (no more than 185 percent)

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$ 1325</u>
<u>2</u>	<u>\$ 1790</u>
<u>3</u>	<u>\$ 2256</u>
<u>4</u>	<u>\$ 2722</u>
<u>5</u>	<u>\$ 3187</u>

TN # 01-008
Supersedes
TN # 00-005

Approval Date: 3-27-01

Effective Date: 4/1/01

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTON

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED
TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 19

The levels for determining income eligibility for groups of children who are born after December 31, 1972 and who have attained 6 years of age but are under 19 years of age under the provisions of section 1902(1)(2) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal Poverty Level (FPL).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$ 716</u>
<u>2</u>	<u>\$ 968</u>
<u>3</u>	<u>\$1220</u>
<u>4</u>	<u>\$1471</u>
<u>5</u>	<u>\$1723</u>
<u>6</u>	<u>\$1975</u>
<u>7</u>	<u>\$2226</u>
<u>8</u>	<u>\$2478</u>
<u>9</u>	<u>\$2730</u>
<u>10</u>	<u>\$2981</u>

TN # 01-008
Supersedes
TN # 00-005

Approval Date: 3-27-01 Effective Date: 4/1/01